

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Herb Frierson
 Address 12 Trailwood Lane, Poplarville, MS 39470
 Telephone 601-795-1675 Fax 601-795-6285
 Contact Name Herb Frierson Email herbfrierson@bell.net
 Office Sought MS House of Reps Political Party Republican

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

☐ Check here if above is different from previous report
TYPE OF REPORT

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and
 Political Committees
 ____ Termination Report (Candidate will no longer accept contributions or make campaign
 expenditures and has no outstanding campaign debt obligation) Required to terminate reporting
 obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|------------------------------|-------------|-----------------------|
| Total amount of contributions | \$ 3550.00 400.00 | \$ 3950.00 | \$ 3950.00 |
| Total amount of disbursements | \$ +\$ 1960.00 | \$ 1,960.00 | \$ 1,960.00 |
| Total amount of cash on hand | | \$ 1990.00 | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Herb Frierson
Signature of Candidate

1-31-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Herb Frierson
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|-------------------------------|--|
| Full name <u>A. Hagan</u> | <u>4/15/10</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>2525 Dupont Drive</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Irvine, CA 92623-9534</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Chewron</u> | <u>9/13/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 1300</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Pascagoula, MS</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AT+T PAC</u> | <u>8/6/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>175 East Capitol Street</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39201</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>ENPAC Mississippi</u> | <u>12/14/10</u> | \$ <u>250.00</u> |
| Mailing Address <u>P.O. Box 1640</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39215-1640</u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u> </u> | <u> </u> <u> </u> <u> </u> | \$ <u> </u> |
| Occupation (Required) <u> </u> | Aggregate year-to-date | \$ <u>250.00</u> |

Name of Candidate or Committee _____
 Reporting period _____ through _____

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|-----------------------------------|--|
| Full name <u>Levenwaty Associates</u> | <u>12/2/10</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 6557</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Diamondhead, MS 39525</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MPAC</u> | <u>12/15/10</u> | \$ <u>300.00</u> |
| Mailing Address <u>2992 West Beach Boulevard</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Gulfport, MS 39502-4079</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>300.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Capitol Partners</u> | <u>10/11/10</u> | \$ <u>250.00</u> |
| Mailing Address <u>416 BRAVA Costa Street</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Dauphin, Island, AL 36528</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Capitol Advocacy Group</u> | <u>12/20/10</u> | \$ <u>250.00</u> |
| Mailing Address <u>625 North State Street, Suite 201</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code _____ | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>250.00</u> |

Name of Candidate or Committee _____
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

| | | |
|------------------------------------|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |